

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-2173.M2

NOTICE OF INDEPENDENT REVIEW DECISION

January 8, 2003

RE: MDR Tracking #: M2-03-0424-01
 IRO Certificate #: IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 34 year old male sustained a work-related injury on ____ when he developed a herniated nucleus pulposus while lifting heavy objects. He underwent surgery on 12/02/99 with an anterior-posterior lumbar interbody fusion with cage instrumentation. He required a second surgery on 12/15/99 for a partial dehiscence of his wound. Post-operatively, the patient underwent a course of physical therapy. The patient has also been treated with medications, chiropractic treatment, counseling, steroid injections, and biofeedback. The patient continues to complain of chronic back pain and the treating physician has recommended that the patient undergo a chronic pain management program.

Requested Service(s)

Chronic pain management program.

Decision

It is determined that the chronic pain management program is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that as of May 2001 the patient was authorized to return to work with significant restrictions and he is now working with the Texas Rehabilitation Commission for retraining. His functional capacity evaluation and ergos evaluation suggest little to medium work. The patient's complaints of pain are subjective and the medical record documentation does not contain objective physical findings. There is no indication that the patient is taking significant pain medications. There are no pharmacy records of repeated refills of narcotic level medications. The patient has already been treated with numerous conservative measures and there is little likelihood for success in a pain management program without a clear statement of the patient's current status, treatment goals, and expected results. Therefore, it is determined that the pain management program is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8th day of January 2002.
